

# Work Order ID 70175

Monday, June 06, 2011 1:27:35 PM



Page 1

Item ID: D350-600-241

Accept



Setup Start



Revision ID:

Item Name: Spacepod, LH, AS350

Stop



Start Date: 5/30/2011 Start Qty: 1.00



Cust Item ID:

Required Date: 5/31/2011 Req'd Qty: 1.00



Customer: CU-DAR001

Reference: RMA RA111178- RETURN

Approvals: Process Plan: MF Date: 11-06-06 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start



QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop



Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								

100

QC5- Inspect part completeness to step on W/O 0.00



QC

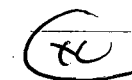
Quality Control

Memo

INSPECT RETURN RA 111178  
D350-600-241 B51729

0.00

*Sullos/25*



KIT IS COMPLETE

110

Wing Walk as per dwg QSI005 4.4 Batch 117315 0.00



HandFinish

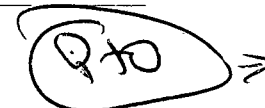
Hand Finishing

Memo

NEEDS TO BE CLEANED/REPRIMED IF NECESSARY AS PER QSI 005  
NEEDS TO BE REWINGWALKED PER QSI 005

0.00

*11-06-09*



120

QC3- Inspect Part Finish 0.00



QC

Quality Control

Memo

0.00

*Sullos*



W/O: 70175		WORK ORDER CHANGES						
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector	
11-06-10	110	install new foam seal D2464 B 61878.	JS	11-06-09	1		S W/26/10	
		install new Decal 03837-4 B 46233	JS	11-06-09	1			

Part No: D350-600-241 PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

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Reference: RMA RA111178

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start



QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop



Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

130

0.00



Packaging

Memo

0.00

-REPACKAGE FLOOR UNDER ORIGINAL BATCH NUMBER

-K10021 B47217 NEEDS TO BE REPACKAGED UNDER ORIGINAL B#

-D350-600-449 B41358 CHANGE 001 NEEDS A NEW LABEL UNDER ORIGINAL BATCH NUMBER. -CL1106113

-ADD NEW PAPERWORK AND LABELS UNDER NEW BATCH # -CL1106113

BT Reg

11-06-13

140

QC4- 100% Inspect kits for completeness

0.00



QC

Memo

0.00

Quality Control

8-10-13

Q

mt  
11-06-13

W/O:		WORK ORDER CHANGES						
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector	

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
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Run Start



QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop

Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

150

QC21- Final Inspection - Work Order Release

0.00



QC

Memo

0.00

Quality Control

11/06/14

11-06-14

W/O:		WORK ORDER CHANGES						
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector	

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries